

Evaluation and referral for child maltreatment in pediatric poisoning victims

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OBJECTIVE: Although the majority of poisonings in young children are due to exploratory ingestions and might be prevented through improved caregiver supervision, the circumstances that warrant evaluation for suspected maltreatment and referral to Child Protective Services (CPS) are unclear. Therefore the objective of this study was to determine the percentage and characteristics of young poisoning victims who were evaluated for child maltreatment by the hospital team (social work and/or child protection team) and/or referred to CPS.

METHODS: Retrospective study of poisoning victims <6 years old seen at an urban children's hospital from 2006 to 2008. Logistic regression was performed to evaluate the associations between the outcomes (evaluation for maltreatment by hospital team and/or referral to CPS) and predictor variables (demographics and circumstances, type and severity of poisoning).

RESULTS: Among 928 poisonings, 41% were from household products, 20% from over-the-counter drugs, 7% from prescription narcotics/sedatives, 29% from other prescription drugs, and ≤ 1% each from ethanol, illicit drugs, or other substances. Most children were asymptomatic (69%) or stable (28%); 3% were critically ill. Only 13% were evaluated by the hospital team and 4% were referred to CPS. Demographic characteristics were not associated with referral to CPS. Higher clinical severity was associated with increased referral ($p < 0.001$). Compared to poisonings with over-the-counter drugs, referrals were more likely for poisonings with ethanol and prescription narcotics/sedatives, but not other prescription drugs or household products ($p < 0.001$). All illicit drug poisonings and 44% of ethanol poisonings were referred. The majority of referrals to CPS were for concerns for illicit drugs, poor supervision or multiple forms of maltreatment; 6% were secondary to concerns for intentional poisoning.

CONCLUSIONS: Evaluations and referrals to CPS for maltreatment are uncommon in young poisoning victims. Referrals occurred consistently for illicit drugs but not ethanol. Although referrals were more likely for higher severity poisonings, it is unclear if the severity of poisoning is associated with the level of supervisory neglect or a marker of ongoing risk to the child. These findings suggest the need to identify risk factors for ongoing harm and the development of clinical guidelines used to determine which poisoning victims should be referred to Child Protective Services.

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